

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

The Council of Insurance Agents & Brokers Political Action Committee

ADDRESS (number and street)

701 Pennsylvania Avenue, NW

Suite 750

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2608

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00039578

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2010

through

08

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ken A. Crerar

Signature of Treasurer

Electronically Filed by Ken A. Crerar

Date

09

17

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 28

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010		452936.05
(b) Cash on Hand at Beginning of Reporting Period	427879.76	
(c) Total Receipts (from Line 19)	37257.13	361493.27
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	465136.89	814429.32
7. Total Disbursements (from Line 31)	25264.01	374556.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	439872.88	439872.88
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 28

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	8	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	28246.97	308229.01
(i) Itemized (use Schedule A)		
(ii) Unitemized	9010.16	42264.26
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	37257.13	350493.27
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	37257.13	350493.27
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	11000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	37257.13	361493.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	37257.13	361493.27

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	5186.94	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	5186.94	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	348759.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	264.01	20610.50	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	25264.01	374556.44	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25264.01	374556.44	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	37257.13	350493.27
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37257.13	350493.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	5186.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	5186.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Allen Wilson

Mailing Address 13634 Pinerock Lane

City

Houston

State

TX

Zip Code

77079-5914

FEC ID number of contributing
federal political committee.

C

Name of Employer
GEM Insurance Agencies,
L.P. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 1 0

Transaction ID: 32103657

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Karen G. Thomas

Mailing Address 2019-G South Hannibal Street

City

Aurora

State

CO

Zip Code

80013-4083

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group, Inc.
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 1 0

Transaction ID: 32103662

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mrs. SueAnn V. Schultz

Mailing Address 22661 South Stanley Road

City

Quenemo

State

KS

Zip Code

66528-8183

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 1 0

Transaction ID: 32103988

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Deena Garinger

Mailing Address 12238 Idalia St.

City

Brighton

State

CO

Zip Code

80603-6951

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group, Inc.
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: 32104438

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey B. Sporkin

Mailing Address 142 Grant Street

City

Denver

State

CO

Zip Code

80203-4018

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group, Inc.
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: 32104439

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Bob J. Reiter

Mailing Address 8280 South Franklin Court

City

Centennial

State

CO

Zip Code

80122-3272

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group, Inc.
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: 32104440

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Darrin J. Weber

Mailing Address 8005 Davidson Drive

City

Plano

State

TX

Zip Code

75025-2584

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group of Te-
xas

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	1	0

Transaction ID: 32104443

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Bradley D. Schlepp

Mailing Address 2425 Country Road 46

City

Berthoud

State

CO

Zip Code

80513-9126

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group, Inc.
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	1	0

Transaction ID: 32104445

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. James D. Cook

Mailing Address 220 Meadow Lane

City

Franklin

State

VA

Zip Code

23851-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	5	/	2	0	1	0

Transaction ID: 32153422

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

765.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Gary D. McDaniel

Mailing Address 261 Winesap Road

City

Roanoke

State

VA

Zip Code

24019-8420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford/MMA (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 1 0

Transaction ID: 32153424

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Mr. John H. Parrott, Jr.

Mailing Address 3635 Ridgewood Lane SW

City

Roanoke

State

VA

Zip Code

24014-3029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford/MMA (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.97

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 1 0

Transaction ID: 32153426

Amount of Each Receipt this Period

41.59

C.

Full Name (Last, First, Middle Initial)

Mr. Raymond J. Garruto

Mailing Address 3410 Savannah Hills

City

Matthews

State

NC

Zip Code

28105-8745

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

782.56

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 1 0

Transaction ID: 32153427

Amount of Each Receipt this Period

52.04

SUBTOTAL of Receipts This Page (optional)

108.63

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Kurt D. Watson

Mailing Address 228 East Pine Meadow Court

City

Andover

State

KS

Zip Code

67002-8840

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group of Ka-
nsas

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 1 0

Transaction ID: 32153439

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Raymond J. Merz

Mailing Address 8500 East Brentmoor Street

City

Wichita

State

KS

Zip Code

67206-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group of Ka-
nsas

Occupation

President-Risk Management Associates

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 1 0

Transaction ID: 32153440

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steven Patrick Ashcraft

Mailing Address 8319 Coral Drive

City

Dallas

State

TX

Zip Code

75243-7023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Towerstone Insurance Serv-
ices

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3700.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 1 0

Transaction ID: 32153441

Amount of Each Receipt this Period

3700.00

SUBTOTAL of Receipts This Page (optional)

5200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mrs. Marcia A. Benshoof

Mailing Address 9788 South Isabel Court

City

Highlands Ranch

State

CO

Zip Code

80126-4717

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group, Inc.
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 1 0

Transaction ID: 32153443

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Sandra D. Harvath

Mailing Address 31699 Robinson Hill Road

City

Golden

State

CO

Zip Code

80403-7756

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group, Inc.
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 1 0

Transaction ID: 32153448

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Brian E. Sandy

Mailing Address 8844 So. Hoyt Ct.

City

Littleton

State

CO

Zip Code

80128

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group, Inc.
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 1 0

Transaction ID: 32153451

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Patrick T. McKenney

Mailing Address 7529 Oxford Ct.

City

Wichita

State

KS

Zip Code

67226-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group of Ka-
nsas

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 1 0

Transaction ID: 32153455

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. David L. Strohm

Mailing Address 10785 Southwest 83rd Terrace

City

Augusta

State

KS

Zip Code

67010-8142

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group of Ka-
nsas

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 1 0

Transaction ID: 32153461

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Sarah Finn

Mailing Address 427 Fairfax Street

City

Denver

State

CO

Zip Code

80220-5130

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group, Inc.
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 1 0

Transaction ID: 32153554

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Patrick J. Veale

Mailing Address 50 Old Yankee Road

City

Haverhill

State

MA

Zip Code

01832-1066

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Gallagher Assoc.
Ins. Brokers.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 1 0

Transaction ID: 32167570

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. J. Hyatt Brown

Mailing Address 213 Riverside Drive

City

Ormond Beach

State

FL

Zip Code

32176-6503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 1 0

Transaction ID: 32185405

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Philip J. Edmundson

Mailing Address 55 Cottage Street

City

Hingham

State

MA

Zip Code

02043

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Gallagher Assoc.
Ins. Brokers.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 1 0

Transaction ID: 32196444

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Kerry R. Martin

Mailing Address 1792 Clendenin Lane

City

Riverwoods

State

IL

Zip Code

60015-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Plexus Groupe LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 1 0

Transaction ID: 32196467

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Mr. Randolph B. Screen

Mailing Address 12516 Bellstone Lane

City

Raleigh

State

NC

Zip Code

27614-8061

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Insurance Services
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 1 0

Transaction ID: 32199200

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. J. Norman Eckstein

Mailing Address 121 Grandon Road

City

Dayton

State

OH

Zip Code

45419-1344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brower Insurance Agency,
LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 1 0

Transaction ID: 32223934

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1583.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Sharon Simmons

Mailing Address 8729 Carrollwood Lane

City

Cordova

State

TN

Zip Code

38016-4628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lipscomb & Pitts Insuranc-
e, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 1 0

Transaction ID: 32223935

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. James S. Gault

Mailing Address 1150 Romona Road

City

Wilmette

State

IL

Zip Code

60091-1209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arthur J. Gallagher & Co.
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 1 0

Transaction ID: 32223945

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Brett Cutchin

Mailing Address 9916 Legends Drive

City

Germantown

State

TN

Zip Code

38139-6979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lipscomb & Pitts Insuranc-
e, LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 1 0

Transaction ID: 32223946

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John Crable

Mailing Address 712 Riverton Road

City

Moorestown

State

NJ

Zip Code

08057-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corporate Synergies Group,
Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 1 0

Transaction ID: 32225021

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

Mr. Peter Michael Coen

Mailing Address 6 Lauren Lane

City

Bayville

State

NY

Zip Code

11709-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corporate Synergies Group,
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 1 0

Transaction ID: 32225026

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Mr. David Griffin

Mailing Address 149 Signal Road

City

Drexel Hill

State

PA

Zip Code

19026-4931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corporate Synergies Group
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 1 0

Transaction ID: 32225029

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 28

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Craig M. Van der Voort

Mailing Address 9 Oak Lake Drive

City

Barrington

State

IL

Zip Code

60010-5914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arthur J. Gallagher & Co.
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 32234764

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael D. Agnoni

Mailing Address 1360 E 9th Street
Suite 600

City

Cleveland

State

OH

Zip Code

44114-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 32234765

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Ms. Cynthia J. Bowman

Mailing Address 1360 E 9th Street
Suite 600

City

Cleveland

State

OH

Zip Code

44114-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 32234766

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Paul Catania

Mailing Address 5758 Williamsburg Circle

City

Hudson

State

OH

Zip Code

44236-3780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.04

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 32234767

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey J. Schwab

Mailing Address 1360 E 9th Street
Suite 600

City

CLEVELAND

State

OH

Zip Code

44114-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 32234793

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Mr. Dane O. Leavitt

Mailing Address PO Box 130

City

Cedar City

State

UT

Zip Code

84721-0130

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Leavitt Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1624512924286

Amount of Each Receipt this Period

100.00

P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Rodney B. Leavitt

Mailing Address 1970 Terra Vista Way

City

Las Vegas

State

NV

Zip Code

89117-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1831854624286

Amount of Each Receipt this Period

100.00

P/R Deduction (\$0.00)

B.

Full Name (Last, First, Middle Initial)

Mr. Don Gary Archibald

Mailing Address 1171 South 5th West

City

Rexburg

State

ID

Zip Code

83440-5092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Archibald Insurance Center

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR2430562424286

Amount of Each Receipt this Period

200.00

P/R Deduction (\$0.00)

C.

Full Name (Last, First, Middle Initial)

Mr. William Barlocker

Mailing Address 308 West Jordan

City

Clovis

State

CA

Zip Code

93611-7181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barlocker Insurance Servi-
ces

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR2430562524286

Amount of Each Receipt this Period

100.00

P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Daniel Bowers

Mailing Address 2720 Black Diamond Terrace

City

Colorado Springs

State

CO

Zip Code

80918-1570

FEC ID number of contributing
federal political committee.

C

Name of Employer
CIA-Leavitt Insurance Age-
ncy, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR2430568724286

Amount of Each Receipt this Period

50.00

P/R Deduction (\$0.00)

B.

Full Name (Last, First, Middle Initial)

Mr. John Connell

Mailing Address P.O. Box 663

City

Diablo

State

CA

Zip Code

94528-0663

FEC ID number of contributing
federal political committee.

C

Name of Employer
James C. Jenkins Insurance
Service, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR2430570124286

Amount of Each Receipt this Period

50.00

P/R Deduction (\$0.00)

C.

Full Name (Last, First, Middle Initial)

Mr. Nathan Esplin

Mailing Address 2131 West 546 South

City

Cedar City

State

UT

Zip Code

84720-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR2430595124286

Amount of Each Receipt this Period

50.00

P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 21 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Alma Franzoy-Capron

Mailing Address HC 31 Box 200

City

Hatch

State

NM

Zip Code

87937-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Group Southwest,
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR2430598324286

Amount of Each Receipt this Period

100.00

P/R Deduction (\$0.00)

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas Lincoln

Mailing Address 2652 Hill Road East

City

Lakeport

State

CA

Zip Code

95453-6302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln-Leavitt Insurance
Agency, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR2430605524286

Amount of Each Receipt this Period

200.00

P/R Deduction (\$0.00)

C.

Full Name (Last, First, Middle Initial)

Mr. Curtis Perata

Mailing Address 2748 Seminole Circle

City

Fairfield

State

CA

Zip Code

94534-7855

FEC ID number of contributing
federal political committee.

C

Name of Employer
James C. Jenkins Insurance
Service, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR2430726124286

Amount of Each Receipt this Period

20.00

P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)

320.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 22 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Kirk Rule

Mailing Address 7217 Via Lomas

City

San Jose

State

CA

Zip Code

95139-1141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Pacific Insurance
Brokers

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR2431449624286

Amount of Each Receipt this Period

50.00

P/R Deduction (\$0.00)

B.

Full Name (Last, First, Middle Initial)

Mr. Kevin Valine

Mailing Address 3568 Creekwood Dr

City

Rocklin

State

CA

Zip Code

95677-1518

FEC ID number of contributing
federal political committee.

C

Name of Employer
James C. Jenkins Insurance
Service, Inc

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR2432378124286

Amount of Each Receipt this Period

50.00

P/R Deduction (\$0.00)

C.

Full Name (Last, First, Middle Initial)

Mr. Mark Kenney

Mailing Address 306 South 800 West

City

Cedar City

State

UT

Zip Code

84720-3037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR2435641024286

Amount of Each Receipt this Period

30.00

P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

28246.97

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lincoln Davis For Congress

Mailing Address PO Box 350

City
JamestownState
TNZip Code
38556

Purpose of Disbursement

011

Category/
TypeCandidate Name
Rep. Lincoln DavisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 04

Transaction ID: 32090619

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	0

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Lincoln Davis For Congress

Mailing Address PO Box 350

City
JamestownState
TNZip Code
38556

Purpose of Disbursement

011

Category/
TypeCandidate Name
Rep. Lincoln DavisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 04

Transaction ID: 32090620

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	0

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kevin McCarthy For Congress

Mailing Address PO Box 12667

City
BakersfieldState
CAZip Code
93389

Purpose of Disbursement

011

Category/
TypeCandidate Name
Rep. Kevin McCarthyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: 32103611

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	0

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Cantor For Congress

Mailing Address P. O. Box 17813

City
RichmondState
VAZip Code
23226

Purpose of Disbursement

Candidate Name
Mr. Eric CantorOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: 32103614

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	0

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Rob Woodall For Congress

Mailing Address Post Office Box 1871

City
LawrencevilleState
GAZip Code
30046

Purpose of Disbursement

Candidate Name
Mr. Rob WoodallOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 07

Transaction ID: 32103616

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	0

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

We The People PAC

Mailing Address P.O. Box 2232

City
JenkintownState
PAZip Code
19046

Purpose of Disbursement

Candidate Name
We The People PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32103618

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	0

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ron Johnson For Senate Inc

Mailing Address 601 Oregon Street Suite A

City Oshkosh State WI Zip Code 54902

Purpose of Disbursement

Candidate Name
Mr. Ronald JohnsonOffice Sought: ☐ House
☒ Senate
☐ President

State: WI District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 32152885

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	0

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Hoosiers For Rokita

Mailing Address 7643 East U.S. 36

City Avon State IN Zip Code 46123

Purpose of Disbursement

Candidate Name
Mr. Theodore RokitaOffice Sought: ☒ House
☐ Senate
☐ President

State: IN District: 04

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 32153591

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	0

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Re-Elect McGovern Committee

Mailing Address P.O. Box 60405

City Worcester State MA Zip Code 01606

Purpose of Disbursement

Candidate Name
Jim McGovernOffice Sought: ☒ House
☐ Senate
☐ President

State: MA District: 03

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 32185420

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	0

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

GAP PAC

Mailing Address 2610 Ridge Road Drive

City
Alexandria

State
VA

Zip Code
22302

Purpose of Disbursement

011

Category/
Type

Candidate Name
GAP PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 32185424

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

25000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial) Authorize.Net	Transaction ID: 32294801 Date of Disbursement																				
Mailing Address 808 East Utah Valley Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	3		2	0	1	0												
City American Fork State UT Zip Code 84003	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>45.35</td> </tr> </table>	45.35																			
45.35																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) PayPal, Inc.	Transaction ID: 32295010 Date of Disbursement																				
Mailing Address 4100 Solutions Center, #774100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	1	0												
City Chicago State IL Zip Code 60677-4001	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>185.29</td> </tr> </table>	185.29																			
185.29																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) American Express	Transaction ID: 32295120 Date of Disbursement																				
Mailing Address P.O. Box 2878	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	4		2	0	1	0												
City Omaha State NE Zip Code 68103-2878	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>0.87</td> </tr> </table>	0.87																			
0.87																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

231.51

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

First Data

Mailing Address P.O. Box 6600

City
Hagerstown

State
MD

Zip Code
21741-6600

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 32295154

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	0

Amount of Each Disbursement this Period

32.50

SUBTOTAL of Disbursements This Page (optional)

32.50

TOTAL This Period (last page this line number only)

264.01